Practitioner's Docket No. NDRLASERUS

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s):   Lazarev et al.
Application No.: 10/073,716   Group No.: 2828
Filed: 02/11/2002   Examiner: Jackson, Cornelius H.
For: HIGH POWER SURFACE
              EMITTING LASER AND FABRICATION
              METHOD THEREOF

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1.   Transmitted herewith is a response for this application comprising:

        9 Pages Amendment with Remarks; and
        2 Sheets Replacement Drawings

STATUS

2.   Applicant is a small entity.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

☒   deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

FACSIMILE

☐   transmitted by facsimile to the Patent and Trademark Office.

Signature

Date: _September 22, 2004_

Thomas P. O'Connell
(type or print name of person certifying)

(Amendment Transmittal--page 1)

EXTENSION OF TERM

3.   The proceedings herein are for a patent application, and the provisions of 37 C.F.R. Section 1.136(a) apply. Applicant believes no extension of time is necessary. However, if an extension is required, please consider this a petition therefor.
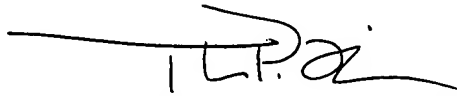
FEE FOR CLAIMS

4.   The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1) Claims Remaining After Amendment		(Col. 2) Highest No. Previously Paid For	(Col. 3) SMALL ENTITY Present Extra	Rate	Addit. Fee
Total	19	Minus	39	= 0	x $9 =	$0
Indep.	1	Minus	3	= 0	x $42 =	$0
First Presentation of Multiple Dependent Claim				+ $135 =		$0
				Total Addit. Fee		$0

*   If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
**   If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
*** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
      The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

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